


PTO/SB/21 (02-04)

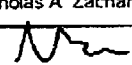
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	1D/082,714
	Filing Date	FEBRUARY 25, 2002
	First Named Inventor	HENKENS, ROBERT W.
	Art Unit	1637
	Examiner Name	RILEY, JEZIA
Total Number of Pages in This Submission	Attorney Docket Number	4320-001800-DIV

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**AUG 21 2006**

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>REQUEST FOR CONTINUED EXAMINATION</b>
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Akerman Senterfitt/Nicholas Zacharades, Reg. No. 56,712 P.O. Box 3188 West Palm Beach FL 33402-3188	
Signature		
Date	AUGUST 21, 2006	

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Nicholas A. Zacharades, Reg. No. 56,712		
Signature		Date	AUGUST 21, 2006

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PTO/SB/17 (12-04)

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10X082,714 Filing Date FEBRUARY 26, 2002 First Named Inventor HENKENS, ROBERT W. Examiner Name RILEY, JEZIA Art Unit 1637 Attorney Docket No. 4320-001800-Div	
<input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER AUG-21-2006	
TOTAL AMOUNT OF PAYMENT (\$) 620.00			

## METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number 50-0951 Deposit Account Name Avonman Senterfitt

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## FEE CALCULATION

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20  
 Indep. Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____


- 100 = 0 / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other: 2 MONTH EXTENSION OF TIME & REQUEST FOR CONTINUED EXAMINATION \_\_\_\_\_

Fees Paid (\$)  
620.00

SUBMITTED BY		Registration No. 56,712	Telephone (561) 653-5000
Signature		(Attorney/Agent)	Date: AUGUST 21, 2006
Name (Print/Type) Nicholas A. Zacharias			

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